

encouraged me to gradually increase the time Gregory would be expected to wear them starting with just ten or fifteen minutes the first few days. I was to reward or punish him depending upon his compliance. The audiologist favored use of a huggy aid. Home remedies included hats, ties, and distraction via stimulating toys. Other parents suggested that one or more family members wear a non-functioning aid and mold as a model. Co-workers suggested that I temporarily use an arm splint to immobilize Gregory. What finally worked was to use bandage tape across the aid and the ear. Gregory was unable to pull the aid off completely and any pulling resulted in some pain to his skin and hair.

Bandage tape can also be used to seal the battery compartment and the volume control. As you may know, hearing aid batteries can be fatal if swallowed. This bit of information haunted me in my waking hours as well as in my dreams. Once while driving, with Gregory in his car seat in the back, I abruptly crossed a four-lane highway and

came to a screeching halt because Gregory was attempting to eat his hearing aid and its battery. I was convinced he would die from swallowing that battery! Later, I realized that we both stood an even better chance of getting killed if I continued to cut off traffic in fear of what he might be doing in the back seat with that hearing aid. The bandage tape allowed me to drive more safely and again sleep at night.

Once you have the right hearing aids, well-fitting molds, and a way to keep the battery secure, it is critical to take care of the hearing aids and ear molds if you wish your child to optimize his speech potential. Hearing aids often break or get lost — they are just not kid friendly. Be aware of the warranties and get insurance to protect yourself from the inevitable. Also, find a reputable place to repair the aids which will give you a "loaner" in the meantime. Better yet, buy a spare if you can afford it.

Daily checks of the hearing aid(s) and batteries are an important measure in developing speech. Too many youngsters attend classes

with defective aids or dead batteries. The ideal ways to check the aid properly are to invest in either an earmold for yourself or else a stethoscope device to test the aid (if you have normal hearing).

Battery testers are relatively inexpensive, well worth the money, and readily available. The parent will need some help from professionals as well, to ensure that the aids are working in tip-top shape. Aids should be checked at least once every six months by an audiologist using special equipment. Earmolds also will likely need to be replaced about every six to eight months in young children. Lastly, be careful when you are describing aids to babysitters, day care, schools, etc. Often people will think you mean AIDS (upper case) instead of hearing aids.

A problem I have yet to solve about hearing aids is the feedback. I am convinced that this is the hardest part of mothering a child with hearing loss. Give me a torture chamber any day! You see, while I was becoming educated about hearing loss, my son was mastering the fine art of "feedbacking."

### The Silent Resource

In addition to SHHH, an invaluable aid to parents of a deaf child is the deaf community itself. In fact, I have found deaf adults to be a useful resource. At first, I was at a loss to know just how to approach them, so I just flung myself in at the first event I found out about. It was certainly a "close encounter of the third kind" (which I would not recommend to parents just learning that their child is deaf). I was overwhelmed with the flying hands and the unusual body language that swirled around me, but I was bound and determined to make a connection. Fortunately, many deaf adults saw my pitiful attempts at communication and came to my rescue. They showed me a door which led to a new world, and offered me the key. The decision to use the key was left up to the parent of the deaf child to make.

I have never regretted the decision to get exposure to the deaf world. It kindled hope for both my child and myself. They shared a new perspective on deafness, sug-

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gesting it was a positive and healthy, albeit a different, minority way of being. They allowed me to see that many deaf adults often were very happy, successful, and impressive.

Great pains were taken to introduce me to the language and to Deaf culture. One pursuit was to take as many sign language courses as I could stand, and to ensure these were continuous. Quickly, I learned that if you do not use it, you will lose it.

Customs of the deaf community quickly became apparent even with little exposure to it. Upon meeting one another, deaf adults typically ask each other about their family name and their schooling. Deaf people usually ask a hearing person: "Who are your parents?" and "Where did they go to school?"

Once they find out you have a bona fide connection to the deaf community, you are very much welcomed and likely will receive much attention and interest. If there is no connection, interest in you diminishes and you may be viewed with some suspiciousness. In interacting with most deaf adults, you can expect them to be fairly blunt and to the point. Your responses will help the deaf person gauge your language skills, and he, in turn, will modify his language to ease the communication. If you do not understand the message, don't bluff! Do not just nod your head "yes" and smile. We hearing people tend to do that frequently perhaps to be polite or to avoid embarrassing ourselves or others. Deaf people consider it rude, however, as it blocks effective communication. Better approaches are to learn the signs for "repeat" and "again;" have the person slowly fingerspell the word(s) you do not understand; have the person rephrase; or else write down messages to one another.

#### Gregory Now

Gregory, at five years old, is a happy, energetic youngster who enjoys most activities and socialization. He has hit all the expected developmental milestones with the exception of speech. He is bilingual, being fluent in sign language and proficient in English. He moves comfortably about in both the hear-

ing and deaf worlds, appreciating the opportunities each affords. He loves both pre-schools he is enrolled in (one for hearing students and one for deaf students) and communicates effectively in each. Independence and intelligence are two of his major strengths, along with his love of people. Gregory has clearly maximized his potential in pre-school and soon will be on his way to kindergarten.

Mothering this child is, and was, clearly a challenge, but well worth it. The expectations on parents are super high, but so are the rewards.

Anne M. Toland, Ph.D., is an assistant professor in psychiatry at the Medical College of Pennsylvania. She serves as director of Inpatient Psychological Services, Department of Psychiatry, Allegheny General Hospital, Pittsburgh, Pennsylvania.

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# Position Statements on Hearing Aids

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## **Binaural Hearing Aids**

SHHH recommends that binaural hearing aids be the normal fitting practice, to be modified by clinical considerations and the expressed wishes of the hearing aid user. There are two reasons for this recommendation.

First, it is a fact that, two ears normally provide superior listening capabilities than one ear, for all normal hearing people, and for the majority of those with hearing losses. This fact have been known for many years. To determine if this generalization applies to a specific person, SHHH recommends that hearing aid evaluations include objective and subjective comparison between monaural and binaural listening (including a trial period when necessary or desirable).

Secondly, in recent years, evidence has been accumulating on the phenomenon termed "adult-onset auditory sensory deprivation." This body of research has demonstrated that the ability to understand speech in an unaided ear deteriorates over time compared to the ability in an aided ear.

For many people, this deterioration in speech recognition abilities in the unaided ear is reversible if a

hearing aid is later fitted to this ear (provided the ear is suitable for amplification). However, if the deprivation is long enough (presently undefined), and if the person is not too old (also undefined), then not only is recovery unlikely but binaural advantages may never be attainable. That is, if we don't "use" it, we may indeed "lose" it.

SHHH recognizes the added financial burden that a second hearing aid may present to many people with hearing loss. We also recognize that the ultimate decision regarding binaural hearing aid use rests with the prospective user. Hearing aid specialists are simply obliged to provide the necessary information to prospective users so that they can make their own, informed decision regarding binaural hearing aid use. □

## **National and Uniform Standards for Hearing Aid Dispensers**

Hearing aids are the most direct and effective therapeutic tool for the majority of people with hearing loss. They also represent the beginning of a habilitative and rehabilitative process.

Developments in hearing aid technology and hearing aid evaluation procedures provide almost daily additions to the body of knowledge undergirding hearing aid fittings and follow-up. No one should engage in the practice of hearing aid dispensing unless he or she can demonstrate a high degree of mastery of this body of knowledge.

SHHH believes that the nationwide variations in standards and licensing requirements for hearing aid dispensers are inappropriate, inefficient, and not in the best interests of hard of hearing consumers. We recommend that a national and uniform standard be adopted for state licensing of hearing aid dispensers. Furthermore, we recommend that this standard be sufficiently rigorous to ensure

that only those with the necessary knowledge and skills be permitted to dispense hearing aids. To do less is to devalue the auditory channel as a major sensory channel for human communication. □

## **Hearing Aid Return Policies**

Hearing aid return policies vary depending upon the state, manufacturer, and individual dispensers. When a return policy is in force, it usually extends for 30 days. During this time, a client can return a hearing aid and receive a full refund, minus the cost of an earmold and a "reasonable" user's fee.

For all hearing aid users, but new ones in particular, 30 days may not be sufficient time to determine if the cost of the hearing aid justifies the expense. We know that it often takes a longer period before a hearing aid wearer realizes the full benefits hearing aids can confer. During this period, the initial apparent benefits may not persist, or not be sufficient to justify the cost of the aids. On the other hand, with time and practice, the positive contributions of the hearing aids may increase and more than justify their expense.

SHHH recommends that hearing aids be purchased with a minimum 60-day money-back trial period, minus the direct cost of earmolds and a "reasonable" user's fee. We realize that the term reasonable is imprecise and subject to wide variations in interpretation. Whatever the lower limits, we believe that the upper limits of this "user's" fee should not exceed one-tenth the cost of the hearing aid.

Given appropriate pre-selection procedures, and a conscientious and scheduled hearing aid orientation program, it is our judgment that the incidence of returns would not impose an excessive financial burden on hearing aid dispensers. Insofar as consumers are concerned, this 60-day trial period should result in greater satisfaction and more frequent use of hearing aids. □

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# Affiliates in Action

*"Before I knew SHHH existed, I felt pretty hopeless. I enjoy being an active member of the chapter because there have always been people who have gone out of their way to help me, accept my hearing loss, and promote my sense of well-being. I try to do the same thing. The best way to give back is to give forward."*

— Stephanie Sella, formerly of the Utica, New York, Chapter, now living in Corvallis, Oregon.

## Local SHHH Meetings Offer:

- A place where your hearing loss is accepted and not a problem.
- A communication-accessible, stress-free environment.
- An opportunity to share your concerns and learn from others.
- Ways in which you can make a difference for yourself and others.
- Support/referrals/information.
- Coping strategies and the latest technological information.
- Enlightenment for family members, relatives and friends.
- Fellowship and friendship — listening ears and helping hands.

## Is There an SHHH Chapter or Group Meeting Near You?

If you would like to join an SHHH affiliate or start a new group, contact Joan Kleinrock at the SHHH National chapter development office. If you don't see an affiliate listed where you live, call us and inquire. There are many groups across the country in the process of organizing who would welcome your attendance.

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## **Minnesota Conference to be Held in October**

The Minnesota Regional Hard of Hearing SHHH Conference will be held October 27 - 29, 1995, at the St. Cloud Holiday Inn, St. Cloud, Minnesota. Guest speakers include Julie Metternich Olson, president of the SHHH board of trustees, Dr. Sam Trychin, and Dwight Maxa, director of Deaf and Hard of Hearing Services in Minnesota.

For more information, contact, Rich Diedrichsen, St. Cloud RSC, (612) 255-3502 Voice, or (612) 255-3599 TTY.

# Echoes of a Common Fate



Bea Tusiani and her father  
Ignatius ("Jim") Cicio.

*The death of a hard of  
hearing father leaves  
a daughter with a  
hearing loss  
doubly bereft.*

by Bea Tusiani

**S**ince my father died last January, I've lost not only a parent, but the motivational benchmark for coping with my hearing loss.

Though my father and I shared the same inherited form of nerve deafness, I always considered him my opposite. I made it my mission to rise above the shortcomings that were seemingly attributed to his hearing loss, and tried valiantly to turn them into my own triumphs. Sadly, today, I am left with nothing to prove and feel very much alone without my father's support.

I never really considered him a role model. My father's unpolished, and sometimes crude ways, possibly as a result of his eighth grade education, often evoked derision and ridicule from others.

"I ain't gotcha," or "Speak into my tin ear," he'd say to people he'd just met, usually a decibel louder than expected.

They'd shout back at him in a way that made him seem foolish and they made fun of him when his back was turned. This traumatized me into concealing my own hearing loss in more subtle ways. "I seem to be getting a cold" or "We must have a bad connection," were among the excuses I devised for missing perhaps, every 20th word in a conversation.

It was embarrassing to watch strangers' reactions to my dad when he tested his hearing aid while waiting in line at the bank or

at the supermarket checkout or in a doctor's office. "Yeah, yeAH, YEAH," he'd say with increasing volume regardless of where he was. This loud public display taught me to discreetly fine-tune my hearing aid by going off into a corner and pretending to fix an earring.

I was five when my father wore his first hearing aid. It was one of the earliest models invented, and looked very much like a contemporary Walkman attached by a long dangling wire to an earplug. Fascinated by this novelty in my otherwise very ordinary 1950's household, I was drawn to inspect it when my dad was asleep. I quickly learned that was a perilous undertaking, since mishandling the device caused loud, whistling shrieks.

Hundreds of youngsters were wearing this same type of shirt-pocket aid at the Lexington School for the Deaf in New York City, where I was sent for an evaluation for missing too many cues on a sixth-grade hearing test. Terrified by the shuffling feet and palpably muffled sounds in that institution, I literally forced my other senses to be alert to every tone during the examination.

Apparently, it worked because I passed that test, and forgot about my hearing for almost 10 years. It resurfaced when I was 21, after I failed to hear all the numbers a doctor whispered behind my back during a physical examination for a teacher's license. I was furious that my career path could be jeopardized by what was surely an aberration, and felt that I was being entrapped. Fortunately, a note from a hearing specialist that declared I could hear within the "normal speaking range" was enough to satisfy the licensing bureau.

Another five years passed when, upon enrolling my five-year-old twins in school, I was tripped-up by the garbled instructions issued in a vast auditorium. I knew the time had finally come to set up my own hearing evaluation with the inevitable likelihood that I, too, would need to wear the dreaded aid.

Once I became familiar with using assistive devices, I began to push my dad to adapt to them as well. It was a chore to call him on the tele-

phone because each message had to be repeated over and over again. Talking above his blaring television set always turned into a shouting match, but he wanted no part of new-fangled amplification or volume control equipment.

The only way I managed to convince him to get a second behind-the-ear aid, which the audiologist said he needed badly, was by telling him that it was a "two-for-one" sale. My brother and I paid for the second aid without my father knowing about it, but our \$700 investment remained in the drawer.

When my father became sick with cancer five years ago, I began to see behind his gruff veneer. It was then that I saw how vulnerable he was as a result of his hearing loss. So many questions were asked, so many answers had to be given. He relied on me to be his interpreter, to save him from mistakenly taking the wrong test or wrong dose of medication, and to communicate among doctors and technicians.

"Where's my daughter?" I'd hear him say as I stood just outside the door of an x-ray room.

"My father can't hear very well," I'd stop anyone with a white coat who walked in.

He was frightened more by his inability to hear than his inability to breathe when he was taken by ambulance to the hospital on the day before he died.

"Bring me my other hearing aid when you come tomorrow morning," he said asking for it for the first time, perhaps realizing that communication would be the most crucial factor in saving his life. He never did get to wear it.

### Seeing the Other Side

Whether it was his dependency on me, or the large amount of time we spent together over the last few years, I began to see another side of my father, a side that I never allowed myself to look at previously because I was afraid I'd see myself.

While others continued to dismiss my father's behavior as antisocial, I recognized it as a necessary means of protection against miscommunication. It became obvious to me that his poor hearing was the underlying reason for his habit of

dismissing people with what seemed like an ill-mannered wave of the hand. I came to understand why his television set was always turned to sports, so he could follow the action with his eyes rather than his ears. And I knew what drove him to seek the peaceful silence of a separate room when there was a houseful of noisy guests.

Sounds he could hear; words were the problem. I understood that.


Now, after his death, I realize that the barriers I initially set up between us were necessary for me to preserve my own identity. I didn't want my hearing loss to define who I was, and I strove to let him know he could do the same. But just as my feet were firmly planted in my own modern generation, his were equally rooted in the past.

There will be times, I'm sure, in the future, when the fractured interpretation of something I've heard or failed to hear will call attention to me in a way that will be awkward. The one person who would have understood the enormous amount of resolve necessary to deal with that is no longer there to

cushion the blows. My father was, after all, my safety-net, and I realize now that I needed him just as much as he needed me.

In the end, we were more alike than different. Our mutual hearing loss caused my father and me to relate to each other in ways that our spouses, siblings or children could never possibly fathom. And it has been a humbling experience to discover that what I always considered a bad gene, turned out to be the one extraordinary gene that made me truly, my father's daughter. □

*Bea Tusiani is a freelance writer who contributes frequently to the Long Island regional sections of The New York Times and Newsday and other magazines and literary journals. Currently she serves as vice president of the Long Island Press Club and is coordinator of the Writers Network of Long Island. Mrs. Tusiani, 48, has worn hearing aids for the past 10 years. Since her father died, her older brother was diagnosed with sensorineural hearing loss and now wears two hearing aids as well.*



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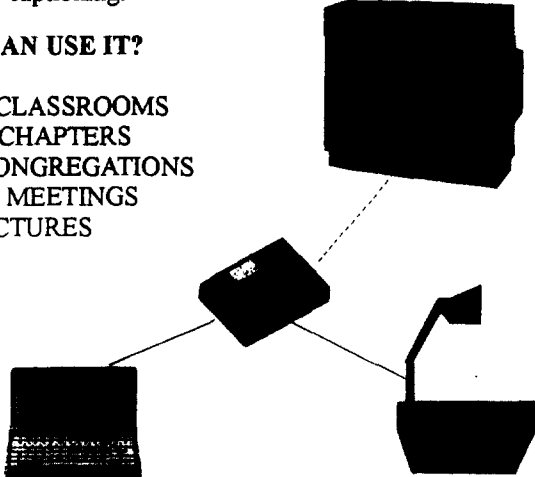
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# President's Message

by Julie Metternich Olson



*Do you have what it takes to be a member of the SHHH board? Now is a good time to begin thinking about it.*

Serving as a member of the SHHH National board of trustees is an exciting way to be involved at the very heart of our organization. It is also a commitment in time, energy and personal expense to those elected to serve. SHHH trusteeship, like old age, is not for sissies! Yet, like the United States Marine Corps, we are always looking for a few good men and women.

Do you have what it takes to be a member of the SHHH board? Now is a good time to begin thinking about it.

Before you decide to become a candidate for election to the board, you should understand what the "job" is all about. I'd like to use this column to explain the basic responsibilities involved in board participation.

Fundamentally, the board is responsible for determining and protecting the mission of SHHH by assuring that everyone connected with the organization, directly or indirectly, understands its reason for existing.

The board selects, supports and periodically evaluates the executive director who is charged with managing the organization according to its mission statement. The executive director is charged by the board to manage staff and carry out board directives defined by board policy.

While board members are not expected to be full-time authorities on programmatic, financial, and managerial issues, their individual expertise in these areas is influential in guiding the process of policy setting and implementation. SHHH members with specific interests are encouraged to apply for board candidacy. For example, we would like to have a trustee who is motivated from the perspective of a parent of a hard of hearing child.

Because an organization is only effective when it has resources to meet its purposes, trustees are responsible for providing adequate resources to the organization. This responsibility is met by sharing expertise and assuming responsibilities for raising needed funds. Personal giving is considered an

obligation of nonprofit board participation.

The board is responsible for protecting the organization's accumulated assets and ensuring that current income is managed properly. The board's involvement in developing and approving the annual budget is one of the board's most significant policy decisions because it affects decisions on priority setting for programs, personnel, etc. While the board does not develop programs, it does have the responsibility to determine whether programs and services are consistent with the mission of the organization. Given the limits of resources, the board must frequently decide among competing priorities.

The board is the link between the organization's executive director, its staff and its members and constituents. Trustees must understand and support the organization's policies; however, they do not represent themselves as speaking for the board unless specifically authorized to do so.

Serving on the SHHH board of trustees is a labor of love sprinkled with a huge sense of responsibility. It is done without compensation and with minimum reimbursement for expenses. It is done in a cooperative spirit where personal agendas are often the last priority. The board is a team that succeeds by blending its talents.

Each year, a few positions on the 18-member SHHH board are open for election. New trustees bring fresh perspectives and talent to SHHH. If you would like to serve as a member of the "SHHH Trustee Team," and have the time, energy and resources to share, you are encouraged to consider what you could do for our organization at this level.

Application papers and guidelines for board candidacy are available upon request from the Nominations Committee at the SHHH National Office. (See page 27.) □

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*Julie Metternich Olson is the president of the SHHH board of trustees and is from Appleton, Wisconsin.*

# Helen Keller speaks to millions through Miss America



## The Helen Keller National Center Salutes Heather Whitestone

When Heather Whitestone was crowned Miss America 1995, she reminded us that nothing can prevent the realization of a dream. It was Helen Keller who had inspired her to “know your problems, but don’t let them master you.” Now, like her role model, Heather’s message inspires all who see and hear her—and it’s even reaching those who can’t.

If you know someone who is deaf-blind and who could benefit from programs that build self-reliance through dedicated support teams, call your local office of the Helen Keller National Center for Deaf-Blind Youths and Adults.

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\*Operated by Helen Keller Services for the Blind. Design by: GTFH Advertising, 114 Fifth Avenue, New York NY 10011

# Getting a Job

## Let's Put You in the Successful Employment Picture

by Brenda Battat

*This is number one  
in a series of  
four articles on  
Strategies for  
Successful  
Employment  
for people who are  
hard of hearing.*

**T**here is no single way to handle hearing loss in an employment setting. Each individual is unique. The strategies I offer here are based on my 32 years in the workforce in four different occupations and four different countries. All this, combined with my own progressive hearing loss, impacted on and precipitated my interest in and study of laws affecting people who are hard of hearing.

As indicated in the statistics in the chart on page 28 released by the Equal Employment Opportunity Commission (EEOC), getting a job is clearly a problem for people with hearing loss. They believe they encounter more discrimination in the hiring process than do people with other disabilities. Although EEOC statistics do not separately itemize deaf and hard of hearing populations, the problems these populations encounter and cite indicate that such discrimination is a serious, ongoing problem.

With the above facts in mind, here are some criteria for entering and succeeding in today's competitive job force.

### **Only Apply for Jobs for Which You Are Qualified**

The Americans with Disabilities Act (ADA) is a civil rights law to prevent discrimination on the sole basis of disability in a *qualified* employee. It is not an affirmative action law, and does not require

employers to establish quotas for hiring people with disabilities.

This may seem like common sense, but, when job hunting, make sure that the essential functions of the particular job and your skills are a good match. You can request a list of the essential functions of any position you are interested in.

The EEOC refers to four principle issues to consider when determining if a function is essential:

- Does the job exist to perform one specific function? For example, a telephone operator's position has only one essential function.
- What is the degree of expertise or skill needed to perform the essential function?
- Could another employee(s) perform the marginal tasks that are not essential?
- What is the work experience of other employees in this job?

### **Focus on Your Skills and Not on Your Hearing Loss**

We can get so obsessed by our hearing loss and the barriers it creates to employment that we lose sight of how skilled we are and what we can bring to the organization/company. It is essential to spend time to remind yourself of the positive contribution you can make with your particular assets, training and background by listing your specific job-related skills and experience.

Be sure to also include skills which you may have developed through pursuit of a hobby as well as direct job-related skills. Examples of valuable capabilities which can be transferred from job to job and are an asset for an employee to have may include organizational skills required as a homemaker and mother, or record-keeping skills acquired as scorekeeper of your local basketball team.

### **Plan How You are Going to Hear at the Interview**

Plan well ahead of time how you are going to hear and handle the interview. Get as much information as possible about the interview.

You need to know how many people will be present, where, how many, and what type of interviews will be held. You might be able to get some details from a secretary or receptionist about the environment of the room which will be used, such as room size, acoustics, and level of background noise from an air conditioning or heating system.

Use assistive listening devices at the interview only if you are comfortable with them. Practice ahead of time if you are new to them. If you don't own the necessary ALDs, look for places to borrow them — a friend, your local SHHH affiliate, the library, the state Technical Assistance Center, a university speech and hearing center, or an assistive devices demonstration center. If you are a client of a vocational rehabilitation facility, a

device may be provided if it is found to be integral to your being able to participate satisfactorily in the job interview, get the job, and, later on, the job itself.

According to the law, you can request that the employer provide accommodations for the interview. My own personal feeling about this is that I want to provide everything *myself* for the interview if at all possible. It gives you the chance to show how resourceful you are, and gives management the chance to see you in action and get to know you before being confronted by requests for accommodations. You need to maximize the opportunity of the interview to show that you can take control to manage your hearing loss. It is far more effective to do this by example than by lengthy explanations.

The interview is the opportunity to showcase you, your assertiveness, and your skills and qualifications. It is definitely *not* the time to get into a tussle over accommodations which may or may not be provided for the interview by the potential employer, and the added risk that they may or may not work properly at the last minute. You need to be in control at this early stage.

Practice being assertive in handling the interview. Be prepared to make any necessary on-the-spot changes to the interview room setup. If your seat faces the window with glare, be prepared to ask for a rearrangement of seating or to ask to pull down the blinds. Do it in a matter-of-fact way without making a big issue of it. Briefly explain the reason without too much detail at this point.

## **SHHH National Seeks Candidates for Board of Trustees**

The SHHH Nominations Committee is seeking qualified individuals to serve on the national board of trustees for the three-year term beginning June 1996.

### ***Who is Eligible?***

All SHHH National members are eligible to serve on the board. Hard of hearing individuals, parents of hard of hearing children, hearing health professionals and other interested SHHH members who have skills that would help the organization achieve its goals are encouraged to apply.

### ***What is Required?***

Board members are expected to attend three board meetings per year and serve on at least one committee. Two of the board meetings are held in Bethesda, Maryland, and one at the SHHH National Convention. (SHHH pays for lodging and some meals at the Bethesda meetings. Board members are currently required to pay for their transportation.)

### ***How to Apply or Recommend Someone for the Board***

If you or someone you know would be an asset to the SHHH board of trustees and would like to receive more information, contact:

SHHH Nominations Committee  
7910 Woodmont Avenue, Suite 1200  
Bethesda, MD 20814

**Applications must be received by September 30, 1995.**

### ***Psych-Out Your Interviewer***

Try to put yourself in the shoes of the interviewer, and, insodoing, establish a mutually beneficial, calm atmosphere. Be sensitive to management's attitude. It will be related to their comfort level of being around a person with a hearing loss. They may not know how to behave. They may not be sure if the same ground rules apply, whether they need to make things harder or easier.

They may be wondering if the presence of a worker with a hearing loss will affect the "chemistry" of the department — is the worker with a hearing loss going to be less efficient, slower, more dependent, more demanding, less capable? Can the individual with a hearing loss really do the job? How will this job candidate, co-workers, and management communicate on a regular basis? Will necessary accommodations cost a lot of money? Why hire *you* when there is a lot of extra effort involved and they have other equally qualified applicants?

Remember, the management team is human, too, and must consider a lot of elements in the decision-making process. If several applicants on the short list are equally qualified, there comes a point at which the decision is based less on objective criteria and

more on the overall impression of the individual. This is the same for any person interviewing for a job, hearing or otherwise, and this is where your inventory of skills, resourcefulness, assertiveness, and general presence come into play. You've got to convince them that they want *you*!

Keep all this in mind as you prepare to interview. Know what the law is on interviewing strategies for employers. They **cannot** ask about the existence, nature or severity of a disability.

Among the questions they may **not** ask, for example, are:

- Are you taking prescription drugs?
- Are you HIV positive?
- How many sick days did you take last year?
- Have you filed for worker's compensation?
- Do you have a disability that would interfere with this job?

An employer **can** ask:

- Can you perform the functions of the job?
- Can you meet the attendance requirement of the job?
- Describe how you would perform this job?
- Do you have the required experience for this job?
- Are you using illegal drugs?

Your own attitude will also color the way you behave in the interview. Obviously, you have to deal with your hearing loss but don't make it the main focus. If you are still in the denial stage, then you will bring that denial into the interview and find it difficult to be open about your hearing loss and handle it in an easy, light way. And, if and when you do start to tell that you have a hearing loss, you may end up belaboring the issue so much that you scare off the interviewer.

Another self-inflicted injury could result if you are not ready to reveal your hearing loss, and try to bluff your way through. This is counterproductive. Although you did not disclose your hearing loss, it will be obvious that something is strained in the conversation. The interviewer may not suspect you have a hearing loss, but may attribute the difficulty to poor communication skills which is considered a disadvantage in many jobs.

Hearing loss strips away our self-confidence. Day in and day out we deal with communication difficulties which can make us feel inadequate. Gradually, like peeling away the layers of a wound, we are stripped down to a very sensitive inner core. This is particularly true in the employment arena. Sometimes an individual with hearing loss may not

even be personally convinced that he or she is really capable of doing the job well or moving upward on the job ladder. As a result, they may elect to stay underemployed for years because they feel lucky just to have a job, any job, not necessarily one where they can fully utilize their talents and be compensated equitably. Others retire early, no longer able or willing to continue to face the hassles associated with their hearing loss.

When do you reveal you have a hearing loss? Each individual should decide based on his or her own unique situation and comfort level. I personally prefer to have it up front from the very beginning. The last job I applied for I even put it on the application form. That was before the ADA, and employers were allowed to ask prospective employees about any physical conditions. It did not stop me getting an interview or finally being hired. Maybe that was luck, but it suits me best to be open from the very beginning.

I was interviewed for that job in a very old, noisy office with a window air conditioner. I was interviewed by five people, one man and four women, and I used an FM assistive listening system for the interview. I briefly explained why I was using it and, after a few seconds, I think everyone forgot it was there. I was able to position the microphone in the center of the table we were all sitting around, so we did not have to keep passing the mike.

I continued to use the FM system the whole time I worked at that job, which was counseling freshman students at a major state university in the Midwest. My office was in one of the older buildings which had noisy ventilation systems. I had a caseload of 200 students, and felt, everyday, that I was educating someone new about hearing loss and assistive technology. Using the FM in my office, I used to position the mike propped up in my in-box which I placed right in front of where the students would sit when they came in to see me. Some students thought I was recording our sessions. Once they knew it was to help me hear them, they were accepting of the technology.

I also used the staff newsletter to write an article about my hearing

### ***Selected ADA Charges by Issue***

*Comparison of Data for Individuals with Hearing Loss and Total ADA Charges*

Issue	Hearing Loss		Total ADA Charges	
	Number of Charges	Percent of Charges	Number of Charges	Percent of Charges
Discharge	436	38.3%	18,425	50.3%
Reasonable Accommodations	299	26.3%	9,280	25.4%
Hiring	240	21.1%	4,036	11%
Harassment	137	12%	3,857	10.5%
Discipline	91	8%	2,671	7.3%
Promotion	82	7.2%	1,920	5.2%
Layoff	73	6.4%	1,403	3.8%
Benefits	20	1.8%	1,380	3.8%
Total Charges	1,138		36,604	

Period: July 26, 1992 to October 31, 1994

aids and the FM system for the benefit of all the counselors on staff. I did not have day to day contact with many of them but we would meet at a weekly staff meeting and during summer freshman registrations when all hands were on deck.

### **Get Hold of Your Fear**

Job seeking is a stressful process for anyone but doubly stressful for people with hearing loss. The thought of the interview becomes a nightmare because we are so worried about hearing. Put all your energy into good planning and identifying your skills which will help to boost your confidence.

Don't be modest about yourself. Sit down and list your strengths; ask friends to help you discover other strengths you hadn't even thought about. Be ready with concrete examples of your accomplishments both on-the-job and in other areas of your life. Don't wait until you are in the interview to try to come up with these on the spur of the moment. By having some ready, you can use examples which are most appropriate to the position you are applying for. Keep your focus on why you are very employable and, therefore, of value to some organization. It's just a matter of finding the right fit.

Practice stress-relieving activities — relaxation, exercise, positive thinking, or whatever works best for you. Relaxation and stress-reducing activities should be a continual part of our lives as we are subject to the state of ambiguity on a daily basis, and ambiguity has been shown by research to be the most stressful state any human being can be subjected to.

Try to detail what your real fears are and work through how to handle each one. "What is the worst thing that could happen" can often help us to get things in perspective and greatly reduce our anxiety.

### **Take Courses in Resume Preparation and Cover-Letter Writing**

Initially, you will be judged by your resume and cover letter. You have to find a way to make yours stand out among all the others

which will be received. Assess how well prepared you are to look for a job and, if necessary, take a course of study to improve your job-seeking skills such as resume preparation and cover-letter writing.

### **Do Some Interviews for Practice**

Start out by applying for jobs which you are only marginally interested in. If you get called for an interview for a job which might not be your first choice, go along and use it for practice. It will be a good learning experience and get you

ready to interview for the jobs that you really want.

### **Get Experience Through Volunteering**

There is always the Catch-22 situation for people coming new to the job market. The position calls for experience, but you don't have any yet and you can't get it because you don't have it. This is particularly true for displaced homemakers, and newly graduated or trained students. An excellent way to get experience is to offer to volunteer.



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It can boost confidence for someone who has been away from the workforce for years raising children, for instance; or someone who has never worked but now finds it necessary to work or wants to work.

For someone with a hearing loss, a volunteer job can provide a chance to realistically assess just what the problems related to their hearing loss are likely to be in an actual job setting. Some can be predicted but not all. It offers the chance to try out assertive skills needed to get the reasonable accommodations you are going to need. And, most of all, volunteering provides an opportunity to develop new skills. For someone not quite sure what work they want to do or can do well, this type of work is an excellent aid in making that decision. Volunteering is not always an option, of course. It depends on the situation; but if you have the time and some financial support, it can be an excellent stepping stone to employment.

#### Be Your Own Boss

Being able to control your own environment has lots of advantages

for people with hearing loss. Setting up your own small business, perhaps starting out in your own home, eliminates a lot of the struggles associated with getting reasonable accommodations approved. It could be worth enrolling in a course in how to set up your own business and plunging into it if you feel your skills lend themselves to such an approach.

#### To Recap

There is no single, totally encompassing, infallible way to handle hearing loss in an employment setting. But, there are a number of practical, tried and proven strategies listed here. I have described nine:

1. Only apply for jobs for which you are qualified.
2. Focus on your skills and not on your hearing loss.
3. Plan how you are going to hear at the interview.
4. Psych-out your interviewer.

5. Get hold of your fear.

6. Take courses in resume preparation and cover-letter writing.

7. Do some interviews for practice

8. Get experience through volunteering.

9. Be your own boss.

Make them your own. Personalize them. Add to them.

And, when you have done so, share with us and with others. Some years ago, 1988 to be exact, the theme of an SHHH Journal was, "All that is missing is YOU!" Let's put YOU in the successful employment picture. □

Brenda Battat is the deputy executive director of SHHH.



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# Advocacy Day is a Big Success in the Nation's Capitol

On Tuesday, April 4, 1995, the Council of Organizational Representatives (COR) held its second Advocacy Day on Capitol Hill. COR co-chairs Donna Sorkin (SHHH) and Jeanne McIntyre (American Academy of Otolaryngology-Head and Neck Surgery, Inc.) planned a full day for grass-roots activity on the Hill. The purpose of the day was to educate our elected officials about the interests and needs of people with hearing loss.

The focus of Advocacy Day was on policies and legislation relating to education and technology. The day was divided into a morning of presentations and briefings, followed by congressional visits in the afternoon. Participants reconvened at a tea reception and debriefing at the end of the day.

Donna Sorkin introduced the opening speaker, Congressman Steve Gunderson (R-WI), by saying he believes in opportunities for everyone, is pro-business and pro-people. Congressman Gunderson began his remarks with some advice to the assembled advocates who were visiting from as far away as California, Nebraska, New York, and Pennsylvania. He suggested that advocates localize issues with their own members of Congress and make their issues pertinent to their communities.

In response to a question about any threat to the ADA with the new environment in Congress, Gunderson said he does not think the basic premise of the ADA — to eliminate discrimination — is at risk. But, he continued, there is still work to be done in enforcement and implementation.

Other presenters were Pat Morrissey, staff director of the Senate Subcommittee on Disability Policy, and Jack Duncan, COR legislative counsel, who instructed on how to be an effective advocate.

Advocates were briefed on COR's position on the reauthorization of the Individuals with Disabilities Education Act (IDEA) to remain as a federal statute with federal oversight ensured in order to guarantee the right to an appropriate education for children who are deaf and hard of hearing.

In the area of telecommunications, COR was responding to a specific bill which had been introduced just days before by Senator Pressler. The bill, S. 652, Telecommunications Competition and Deregulation Act of 1995, sets the foundation for the evolving information highway. This bill provides specific provisions for people with hearing loss to ensure they are not excluded from new and emerging uses of the telephone.

Advocates were reminded that it took civil rights legislation to provide the retrofits needed for deaf and hard of hearing people to use the telephone. We want to ensure that our ability to use the telephone is considered in new designs of telephone systems. While basically in support of this bill, COR wanted stronger language to cover the captioning requirements.

SHHH was extremely well represented at this event with 19 individuals, including members of the board of trustees and chapter representatives, who traveled from across the country to Washington to show their commitment to the interests of people who are hard of hearing. Appointments were scheduled with 18 members of the Congress and their legislative staff, both on the Senate and House side. Overall, the visits went well with congressmen and staff receptive to our concerns.



Rommel T. Dickinson, health and human resources assistant to Senator John Warner of Virginia, listens as Paul Hopler, SHHH board member from Virginia, explains the need to update the telecommunications act.



SHHH was well represented at COR Advocacy Day with 19 people in attendance.



Congressman Steve Gunderson (R-WI) gave the opening remarks for COR Advocacy Day.

COR is a seven-year old coalition which provides a forum for issues of and for persons who are deaf and hard of hearing. Members, of which there are currently 16, are professional, consumer and service-provider organizations with an international or regional scope. COR functions to share information and resources, to advocate for legislation of mutual interest and benefit, and to promote public awareness of related issues.

If you were unable to attend this event and would like copies of the COR positions on education and telecommunications, please send a stamped (two stamps), self-addressed business-sized envelope to SHHH National Office. Request the COR Positions. ☐



# Understanding Our Needs: The SHHH Member Survey Looks at Hearing Aids

by Donna L. Sorkin

*This article is the third in a series covering the results of a mail survey sent to a random sample of SHHH members in February 1994. The first article, published in the March/April 1995 SHHH Journal, provided detail on the demographics and hearing loss characteristics of our members. The second article, published in the May/June 1995 issue, focused on telecoils and assistive listening devices. The subject of this third article is hearing aids.*

**A** distinguishing characteristic of SHHH members with hearing loss is that a high percentage of them use hearing aids — 88 percent. In contrast, hearing aid use among the general population of hard of hearing people in the United States is estimated to be only 19 percent. Our members are informed, enthusiastic users of all kinds of technology that can help them — especially hearing aids.

## High BTE Usage

The majority (63 percent) of SHHH members wear behind-the-ear (BTE) hearing aids, which contrasts markedly with much lower BTE usage (19 percent) in the general hearing aid user population. Presumably, SHHH members are more likely to pursue the best option for them — regardless of cosmetic concerns. This is why we find higher BTE usage rates among our members.

Other types of aids used and the percentage usage by SHHH members are: in-the-ear (ITE) by 35 percent; in-the-canal (ITC) by 5 percent; body aids by 4 percent; and other by 3 percent. (Note: the percentages add to more than 100 because some respondents had "mixed" usage patterns.) Further, of our members who wear hearing aids, the majority (65 percent) wear two hearing aids.

## Telephones and Hearing Aids

Our members showed considerable variability in their use of hearing aids on the telephone, with 55 percent indicating that they wear their hearing aids when talking on the telephone. Of the group who uses aids on the tele-

phone, more than half, or 61 percent, indicated they both have and use their telecoil.

Survey findings reported in the May/June SHHH Journal indicated that people who use their telecoil on the telephone are more likely to comfortably understand speech than those who do not.

## Buying Behavior

Although most hearing aid users replace their aids every four to six years, on average, our members replace at least one of their hearing aids more frequently than the norm. When asked when they purchased their most current hearing aid, 75 percent of our members indicated they had made a purchase within the past three years.

We asked if the hearing aid was the respondent's first hearing aid. If not, we wanted to know why he or she had made their most recent purchase. The most common response was "needed a more powerful aid." This reason was followed by "recommended by audiologist," "better in noisy situations," and a general catch-all "thought that a new model would be better." The responses given to this question and the percentage of people mentioning the reason are listed in the accompanying table.

## Desired Improvements

Our members use hearing aids and know their importance to people with hearing loss. But members also indicated they wanted to see improvements in hearing aid technology. When asked "Which aspects of your hearing aid(s) would you most like to see improved?" the overwhelming response was better function in noise (76 percent). This finding was not surprising to us as we know that although our hearing friends can often function in settings with background noise, we hearing aid users experience increasing difficulty as the level of background noise rises.

Studies by scientists confirm our frustration. Although many factors enter in (noise type and level, speech loudness, reverberation), speech-in-noise understanding by some hearing aid users is not substantially better than unaided speech-in-noise understanding for

people with hearing loss. This is why, so often in very noisy settings, many people simply turn off their hearing aids and depend upon speechreading.

Other needed improvements mentioned include: more natural sound (noted by 57 percent), whistling/feedback (55 percent), and better sound level adjustments (49 percent).

The fifth most frequently mentioned improvement was the expense of hearing aids, which was noted by 49 percent of those responding to the SHHH member survey. Because health insurance generally does not cover purchases of hearing aids, cost continues to be a major concern for many people.

One of the most interesting survey findings relates to the importance of appearance as a desired improvement in hearing aids. Size

and appearance improvements were mentioned by 28 percent of the respondents; this was the least important factor to SHHH members. However, in recent years, efforts to reduce the size of hearing aids has been almost a preoccupation for many in the hearing aid industry. Perhaps this industry orientation reflects general consumer desires, but this was certainly not true of SHHH members.

### Summary

The survey indicated that SHHH members are aggressive in their efforts to find the best hearing aid for their particular needs. Our members replace their hearing aids more often than the general hard of hearing public. Appearance is much less important than functionality. SHHH members have a strong interest in improving the perfor-

mance of hearing aids and they are particularly concerned about the way hearing aids function in the presence of background noise.

An upcoming issue of the SHHH *Journal* will include details about text telephones, telecommunications relay services, and what our members think about SHHH.

If you wish to receive a copy of the complete set of survey questions (without the responses), please send \$2 to the SHHH National office and request the "Member Survey." □

Donna L. Sorkin is executive director of SHHH.

### Membership Survey Sponsors

Underwriting and in-kind donations in support of the SHHH Membership Survey were provided by: American Speech-Language-Hearing Association; AT&T Accessible Communication Services; Cochlear Corporation; MCI Telecommunications Corporation; Omni Hearing Systems, Inc.; Oticon, Inc.; Phonak, Inc.; Phonic Ear, Inc.; Siemens Hearing Instruments, Inc.; Unitron Industries, Inc.; VoiceMode; and Williams Sound Corporation.

### Why did you purchase your most recent hearing aid(s)?

Reason	Percentage Who Mentioned
Needed more powerful aid	47%
Audiologist recommended	33%
Better in noisy situations	29%
Thought a new model better	28%
Previous aid broke	19%
Clear tone and sound	12%
Dealer recommended	12%
Needed aid for other ear	11%
Computerized aid	9%
Wanted T-switch	9%

### Which aspects of your hearing aids(s) would you most like to see improved?

Improvement	Percentage Who Mentioned
Noisy situations	76%
More natural sound	57%
Whistling/feedback	55%
Better sound level adjustments	49%
Expense	49%
Comfort and fit	33%
Not much help	33%
Sound often too loud	32%
Ease of manipulation	29%
Breaks too often	28%
Too large; appearance	28%

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# Developments in Research and Technology

by Mark Ross

## Multi-Frequency Telephone Amplifier

Every time I look at an assistive devices catalog, I am impressed by the range of hearing assistive technologies available for deaf and hard of hearing people. Unfortunately, the selection and use of these devices are not emphasized by the professionals nearly as much as hearing aids are. Their cost is much lower, the profit margin much less than hearing aids, and they appear to pose less of a technological and clinical challenge. From the point of view of consumers with hearing loss, however, the help received with an assistive device may be as important as that possible from hearing aids. Telephone communication is a case in point.

In addition to "T" coils, there are large numbers of telephone communication enhancement devices available to the public. The chances are that if someone is having problems understanding on the telephone, there is some device or procedure available that can improve reception.

One that recently came to my attention may be particularly useful for people with the most severe hearing losses (but still functionally hard of hearing). It is an "in-line" amplifier, in that it connects between the base and the handset and can increase the sound at the earphone. This amplifier is different from earlier versions in that it includes a tone control for adjusting the amplification at six different frequency regions.

This may be useful for people with high frequency hearing losses who need an extra boost in the high frequencies to maximize their understanding. Another neat feature is that it also includes an "audio-output" jack. Thus, headphones or a neckloop can be

plugged into the unit, and the listener can use both ears on the telephone. If one is having difficulty hearing on the telephone, it should be worth trying. (But, again, we advise: "Try before you buy.") □

## Talking to a Driver with Hearing Loss

In the February issue of *Life After Deafness*, Dr. Otto Menzel described a TTY system that permits his wife to communicate with him while he is driving. Its desirability was recently illustrated for me as I was driving with a late-deafened woman and her husband. She was driving and he mentioned to me that he tries not to talk to his wife while she is driving, for the obvious reason that she can't watch his lips and the road at the same time.

Still, as he pointed out, there was a need to make occasional comments, such as giving and verifying road directions, etc. Even the brief moments when her eyes left the road could be hazardous. In the system jury-rigged by Dr. Menzel, this type of communication is now possible.

He purchased an Ultratec model 4420 TTY with a separate large visual display screen, intended to be used by people with limited vision. He placed the screen on the dashboard where the driver could quickly glance at it as a message was being typed. The keyboard can be placed on the passenger's lap or any convenient spot. For the TTY, it was necessary to use an adapter to convert the 12 Volts DC of the car battery to 9 volts. Since the display screen uses household voltage (110 Volts), Dr. Menzel used a second converter to connect the visual display screen to the car battery (two cigarette lighter sockets are required).

Now that he and his wife are able to communicate while driving, they

both agree that they won't leave home without it. She no longer feels that she has a "gag" in her mouth, and highway communication can proceed day and night in all kinds of weather.

At present, it is a relatively expensive system to hook up. The top of the line Ultratec TTY has many features not necessary for this purpose, and the adaptations are complicated and somewhat cumbersome. Dr. Menzel suggests that the ideal system would be a basic TTY with a single connecting port to the visual display unit, and that it be designed to function with a multiple purpose converter powered by a single cigarette lighter. (Wouldn't it be nice if all that would be required would be internal batteries!)

It is not just late deafened people and their hearing "others" who would benefit from such a system; anybody who needs to look at the lips or hands in order to effectively communicate may find such a device beneficial. To our industry colleagues: are you listening? □

## CROS Hearing Aids

CROS is an acronym standing for Contralateral Routing of Signals. These have been known and used for at least 30 years. They are designed for people with one unaidable bad ear and one relatively good ear. (The classic candidates are those with a minimal high frequency hearing loss in the better ear.) A microphone in a behind-the-ear (BTE) hearing aid case is placed on the bad ear.

The amplifier and receiver of the hearing aid (no microphone) is located in the good ear. Because of the relatively normal hearing acuity in this ear it cannot be occluded with a full earmold; the good ear must be able to pick up sounds directly without being impeded by an occluding earmold. Sounds directed to the bad ear, on the other hand, are picked up by the microphone and delivered to the amplifier/receiver on the good side.

The acoustic effect of a non-occluded earmold in the good ear produces a high frequency emphasis in the amplification curve, hence the necessity for the good ear to display some degree of high frequency hearing loss. Otherwise, a perfectly normal ear would receive

some degree of amplification, not usually a desirable state of affairs.

Originally, the sound from one side to the other was conducted by a wire located behind the nape of the neck that connected the microphone on the bad ear to the amplifier and receiver in the good ear. More recently, the connection to the good ear is wireless, in that the signal from the bad ear is "broadcast" by means of a tiny radio transmitter to the unit in the good ear. In essence, then, the good ear picks up signals from both sides of the head, one directly and one via the microphone on the bad side. While not everybody with a unilateral hearing loss feels that this arrangement is beneficial, many people report a definite advantage in being able to pick up sounds directed to their bad ear as well as in their good ear.

In the past few years, a different kind of CROS strategy has been introduced, termed the "Transcranial CROS." A powerful ITE or BTE hearing aid is fitted in the bad ear, with the intention of providing enough amplification for the person to receive the highly amplified sound in the good ear. That is, the sounds travel through the head and stimulate the better cochlea by bone conduction.

Surprisingly, perhaps, it does work, but, not so surprisingly, not for everybody. In a recent study that compared the conventional and transcranial CROS for eight people, three of them reported hearing better with transcranial CROS. Anybody with residual hearing in the bad ear, even though it can provide no aidable help, would probably not be a candidate for this new type of CROS fitting. The auditory sensations received in the bad ear would preclude the benefits of the sound transfer through the head.

On the other hand, the transcranial CROS can be used by people with perfectly normal hearing in the good ear, unlike a conventional CROS. An additional advantage is that only one unit is required, to be worn in the bad ear which makes the arrangement less expensive.

A variation of conventional CROS hearing aids is the BICROS hearing aid (have I mentioned before the penchant of audiologists to create new acronyms?). To be a candidate

for a BICROS hearing aid, a person must not only have one unaidable ear (as with CROS) candidates, but there must be a hearing loss in the good ear which can benefit from amplification in its own right.

In a BICROS fitting, a microphone is located behind the bad ear, just as with a CROS, but the system worn in the good ear must be a complete hearing aid, that is it must include a microphone. As with conventional CROS hearing aids, the signals arriving at the bad ear are transmitted to the good side, while the sounds arriving at the

better ear are given the "prescribed" pattern of amplification.

Even though there are two microphones, the result is not binaural hearing, since the sounds picked up by both of them are directed to just one ear. I would caution anyone contemplating using either a CROS or a BICROS to make sure that the presumed "unaidable" bad ear is really unaidable. Sometimes, even though only a little residual hearing remains in this ear, it can make a contribution to the overall quality, and perhaps intelligibility, of a speech signal.

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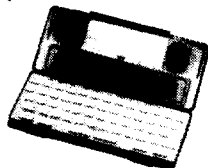
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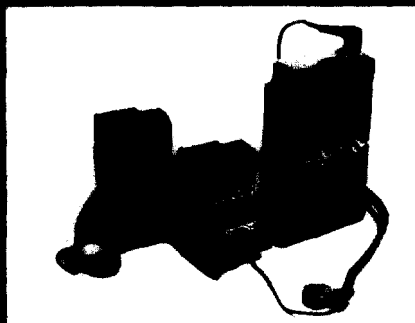
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This is not always easy to predict, particularly in instances when the bad ear has not been used for a long time. In such instances, I would recommend a systematic trial program, with and without an appropriate hearing aid in the bad ear. □

### **The Hybrid Hearing Instrument**

Rexton has developed a new hearing aid that combines features of a behind-the-ear (BTE) hearing aid and a completely-in-the-canal (CIC) instrument. The BTE section is connected to the CIC portion through a wire in the tone-hook. It is actually a BTE hearing aid that combines the electroacoustic flexibility possible with a larger instrument and the acoustic advantages of a CIC.

Because the receiver portion of the hearing aid system (in hearing aid terminology, the loudspeaker of a hearing aid is called the "receiver") is embedded in the CIC portion, the "bumpy" amplification curve that often occurs with BTE hearing aids can be averted (these response irregularities are caused by acoustic resonances

occurring in the tubing leading from the receiver).

Also, the reduced air volume between the tip of the CIC and the eardrum, means that less amplification is required from the hearing aid in order to achieve the target loudness sensations. And finally, because of the increased distance between the microphone of the BTE and the receiver, it is possible to provide more gain before the onset of feedback.

The aid is recommended for use by people with severe and severe-to-profound hearing losses, particularly those who are often disturbed by the presence of acoustic feedback.

Although at this point, the company has not provided the documentation to support these presumed advantages, such support can be found in the general hearing aid literature. As always, before purchasing this or any hearing aid, one should consult with a qualified dispenser who can determine whether a trial is warranted. □

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Mark Ross, Ph.D., is the former director of research and training at the League for the Hard of Hearing and associate at the Rehabilitation Engineering Research Center (RERC) at the Lexington Center, New York. He is also a member of the SHHH board of trustees.

For further information on this article or to make suggestions for future articles, write to: Mark Ross, Ph.D., c/o RERC, The Lexington Center, 30th Avenue and 75th Street, Jackson Heights, NY 11370.

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**Mention of products or companies by the author does not mean SHHH endorsement, nor should exclusion suggest disapproval. Since everyone's communication problems and needs vary, SHHH suggests consulting with your hearing health professional.**

# This News Is For You

*by Marjorie Boone*

## **NIDCD/VA Conference on Hearing Aids**

**"Hearing Aid Research and Development"** convenes September 11-13, 1995, in Bethesda, Maryland. Co-sponsored by the National Institute on Deafness and Other Communication Disorders (NIDCD) and the Department of Veterans Affairs (VA), this will be a national forum for the presentation of ongoing or completed research relevant to hearing aid design and function.

Objectives are to share current research relevant to speech understanding in noise, amplification and signal processing. Individuals from the widest range of related scientific disciplines and specialties are encouraged to attend. Fees are \$75 for general attendance and \$50 for students. Contact:

Hearing Aid Research and  
Development Conference  
NIDCD/VA

c/o TASCAN, Inc.  
7101 Wisconsin Avenue, Suite 1125  
Bethesda, MD 20814  
(301) 907-3844 Voice  
(301) 907-9655 FAX

## **Boys Town Research Project Seeks Family Input**

The Boys Town National Research Hospital is seeking families with two or more children with hearing

loss, whose parents have normal hearing for their ages, to participate in a research project. The study is designed to locate and identify the genes that cause "recessive inherited hearing loss" — recessive because the hearing loss did not occur with the parents, but did occur in the children of those parents.

Volunteer families will be asked to provide family and medical information. Certain family members will be asked to donate a small blood sample, some may be asked to take routine medical tests. All costs of testing and information-gathering will be paid by the hospital; all information will be protected. Contact:

Tom Fowler  
Genetics Department  
Boys Town National Research  
Hospital  
Boys Town, NE 68010  
(800) 835-1468 Voice

## **ADA Services Update Available**

**ADA Telephone Information Services**, compiled by the U.S. Department of Justice, is now available. The list contains telephone numbers of federal agencies and other organizations that provide information about the Americans with Disabilities Act and informal guidance in understanding and complying with the ADA. To get a standard print copy, contact:

Sandra Moreno  
President's Committee on  
Employment of People with  
Disabilities  
1331 F Street, N.W.  
Washington, D.C. 20004-1107  
(202) 376-6200 Voice  
(202) 376-6206 TTY  
(202) 376-6219 FAX

To obtain a copy in an alternate format, contact:

U.S. Department of Justice  
(800) 514-0301 Voice  
(800) 514-0383 TTY

## **New Paper Documents Aid/Services for Disabled Students**

**"1995 Financial Aid for Students With Disabilities"** was released in April by the HEATH Resource Center of the American Council on

Education. The paper describes the financial aid process and roles played by state and federal agencies; application procedures; terms and phrases used in connection with financial aid; plus how some expenses might be met for needed special equipment, services, and medical expenses not covered by insurance. The paper also lists resources, including names of private organizations and colleges and universities that offer scholarships or financial assistance, as well as publications that provide advice on financial matters.

The HEATH Resource Center is a program of the American Council on Education that operates with support from the Department of Education. The center provides information on educational support services and opportunities for people with disabilities at the postsecondary level. Single copies of the paper are free. For the paper and a list of other papers relevant to students with hearing loss, contact:

HEATH

One Dupont Circle, Suite 800  
Washington, D.C. 20036-1193  
(800) 544-3284 Voice/TTY  
(202) 939-9320 Voice/TTY

## **AMA Training Program for Physicians**

In 1993, the American Medical Association (AMA) convened two focus groups, one with consumers and the other with allied health professionals, to address the barriers faced by physicians and their patients with disabilities when dealing with assistive technology. From their concerns, the AMA's Assistive Technology Advisory Panel has developed "Guidelines for the Use of Assistive Technology: Evaluation, Referral, Prescription."

These guidelines were developed for primary care physicians to help them efficiently and effectively meet the needs of their patients with disabilities. They will be used as teaching modules for physician seminars conducted in several states, as well as widely disseminated to other health care professionals. Attention is given to assistive technology for all types of disabilities, including hearing loss.

Persons wishing to obtain a copy may send \$5 to:

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